1	Blumbero's
16	Law Proc. cts

П	According to the calculations required by this statement:
X	The applicable commitment period is 3 years.  The applicable commitment period is 5 years.
	Disposable Income is determined under § 1325(b)(3). Disposable Income is not determined under § 1325(b)(3).
(Che	eck the boxes as directed in Lines 17 and 23 of this statement.)

In re: Katlowitz, Robert

Katlowitz, Neena, Slavin

Debtor(s)

Case Number:

(If known)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF	INCOME	2				
1	Marital / filing status. Check the box that applies and complete the a. Unmarried. Complete only Column A ("Debtor's Income") for b. Married, not filing jointly. Complete both Column A ("Debtor's All figures must reflect average monthly income for the six calendar months case, ending on the last day of the month before the filing. If you received discovered to the control of the six calendar months case, ending on the last day of the month before the filing.	Lines 2-10. Income") and ( prior to filing the ferent amounts of	Column B ("Spous	e's I	ncome") for l	Line	
	these six months, you must total the amounts received during the six months, enter the result on the appropriate line.	divide this total	by six, and	1 7	Column A Debtor's Income	1	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$	12,000.00	\$	0.00
	Income from the operation of a business, profession, or farm. Subtract L difference in the appropoiate column(s) of Line 3. If you operate more than or enter aggregate numbers and provide details on an attachment. Do not enter Do not include any part of the business expenses entered on Line b as a continuous contract.	ne business, prof	ession or farm,				
3	a. Gross receipts	0.00	16,700.00				
	b. Ordinary and necessary business expenses	0.00	11,000.00				
	c. Business income	Subtract Line b	from Line a	\$	0.00	\$	5,700.00
4	Rent and other real property income. Subtract Line b from Line a and ented Do not enter a number less than zero. Do not include any part of the busing a deduction in Part IV.	ess expenses ent	ered on Line b as				
	a. Gross receipts	0.00	0.00				
	b. Ordinary and necessary business expenses  C. Business income	0.00	0.00				200 120 7020
	c. Business income	Subtract Line b	from Line a	\$	0.00	\$	0.00
5	Interest, dividends, and royalties.			\$	0.00	\$	0.00
6	Pension and retirement income.				0.00		0.00
7	Any amounts paid by another person or entity, on a regular basis for the or the debtor's dependents including child or spousal support. Do not includes.	household expe	nses of the debtor from the debtor's	\$	0.00	\$	0.00
8	Unemployment Compensation. Enter the amount in the appropriate column contend that unemployment compensation received by you or your spouse was Security Act, do not list the amount of such compensation in Column A or B, the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ 0.	s a benefit under	the Social	\$	0.00	\$	0.00



9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of International or domestic terrorism.	\$		0.00	S	0.00
		Ψ			Ф	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B Is completed, add Lines 2 through 9 in Column A, and, if Column B Is completed, add Lines 2 through 9 in Column B. Enter the total (s).	\$	12,0	00.00	\$	5,700.00
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B.	\$		17,70	0.0	0
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT	DE.	BIU	n		
12	Enter the amount from Line 11.	1 12	MO			
12	State of the state			\$		17,700.00
13	Marital adjustment. If you are married, but not filing jointly with your spouse, AND if you contend that calcul the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the am the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or dependents. Otherwise, enter zero.	ount	of	\$		0.00
14	Subtract Line 13 from Line 12 and enter the result.			\$		
				1.0	_	17,700.00
15	Annualized current monthly income for 1325(b)(4).  Multiply the amount from Line 14 by the number 12 and enter the result.			\$	2	12,400.00
16	Applicable median family income. Enter the median family income for the applicable state and household size. information is available by family size at www.usdoi.aov/ust/ or from the clerk of the bankruptcy court.)	(This			11,000	
	a. Enter debtor's state of residence: NEW YORK a. Enter debtor's household size: 3			\$		67,292.00
17	Application of Section 1325(b)(4). Check the applicable box and proceed as directed.  The amount on Line 15 is less than or equal to the amount on Line 16. Check the box for "The applicate at the top of page 1 of this statement and continue with this statement. Do not complete Parts III, IV, V, of the amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commof page 1 of this statement and continue with this statement.	or VI				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPO	)S	ABL	E INC	O	ME.
18	Enter the amount from Line 11.	-		s		17,700.00
19	Marital adjustment. If you are married, but not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. If you are unmarried or married filing jointly with your spouse, enter zero.			s		0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			s	9	17,700.00
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			\$		12,400.00
22	Applicable median family income. Applicable median family income. Enter the amount from line 16.			s		67,292.00
23	Application of Section § 1325(b)(3). Check the applicable box and proceed as directed.  X The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is de at the top of page 1 of this statement and complete the remaining parts of this statement.  The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income					)(3)"
	The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete					



		Part IV. CALCULA	TION OF D	EDU	JCTIONS AI	LLOWE	D UNDER § 70	7(b)(2	)
		Subpart A: Deducti							
24A	Enter "1	al Standards: food, clothing, ho otal" amount from IRS National level. (This information is availa	usehold supplies, p	erson	al care, and miscell	laneous.	£	\$	1,152.00
0.15	court.) I the num must be member	al Standars: health care. Enter in repersons under 65 years of age, is 65 years of age or older. (This in Enter in Line b1 the number of mater of members of your househoe the same as the number stated in resunder, and enter the results in I ers 65 and older, and enter the re	and in Line a2 the II information is availal members of your hou old who are 65 years in line 14b.) Multiply Line c1. Multiply Line	RS Nati ble a wasehold of age y Line ne a2 h	tional Standards for www.usdoj.gov/ust o who are under 65 y or older. (The total al by Line b1 to obtain	Out-of-Pocket r from the cler rears of ob age I number of ho tain a total amoun	Health Care for k of the bankruptcy and enter in LIne b2 busehold memebers ount for household		
24B	Household members under 65 years of age  Household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount of the care and the care								
	a1.	Allowance per member	60	a2.	Allowance per m	ember	3		
	b1.	Number of members	3	b2.	b2. Number of members 0				
	c1.	Subtotal	180	c2.	Subtotal		0	\$	180.00
25A	Othnues .	andards: housing and utilities; Standards; non-mortgage expens ormation is available at www.uso	es for the applicable	count	v and family size		ing and	\$	784.00
	Housing www.us for any	standards: housing and utitlitie g and Utilities Standards; mortga sdoj.gov/ust/ or from the clerk of debts secured by your home, as s nter an amount less than zero.	ge/rent expense for the bankruptcy cou	your c rt): ent	ounty and family siz	te (this inform	ation is available at		
25B	a.	IRS Housing and Utilities S				\$	1,912.00		
	b.	Average Monthly Payment i any, as stated in Line 47	for any debts secure	d by y	our home, if	\$	6,200.00		
	c.	Net mortgage/rental expense	2			Subtract Lin	ne b from Line a.	\$	0.00
26	not accur	andards: housing and utilities; rately compute the allowance to val amount to which you contend y	vhich you are entitle	ed und	er the IRS Housing a	and Utilities S	tandards enter any		
								\$	0.00



	You	are e	andards: transportation; vehicle operation/public transportation expense. ntitled to an expense allowance in this category regardless of whether you pay dless of whether you use public transportation.	the expenses of operating a vehicle		
27	Che as a	contr	number of vehicles for which you pay the operating expenses or for which the libution to your household expenses in Line 7.	e operationg expenses are included		
	Ente		X 1 2 or more			
	num	per of	amount from IRS Transportation Standards, Operating Costs & Public Transportation in the applicable Metropolitan Statistical Area or Census Region. (Tl	ortation Costs for the applicable		
	www	v.usdc	j.gov/ust/ or from the clerk of the bankruptcy court.)		\$	342.00
	Loca	al Star	dards: transportation; additional public transportation expense. If you pay the		_	
27B	trans	also u sporta	se public transportation, additional public transportation expense. If you pay the see public transportation, and you contend that you are entitled to an additional tion expenses, enter on Line 27B the "Plublic transportation" amount from the ation. (This amount is available at www.usdoj.gov/ust or from the clerk of the light of	deduction for your public IRS Local Statdards:	•	
	_				\$	
	Loca you	al Star claim	ndards: transportation ownership/lease expense; Vehicle 1. Check the num an ownership/lease expense. (You may not claim an owndership/lease expense 2 or more	nber of vehicles for which e for more than two vehicles.)		
	-	er, in I	Line a below, the amount of the IRS Transportation Standars, Ownership Costs	First Car (available at		
	WWY	w.usdo	oj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of	of the Average Monthly Payments		
	101 8	my de	bts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and Do not enter an amount less than zero.	enter the result in Line 28.		
28		a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 496.00		
		b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00		
		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	s	496.00
	Enter www	z or m , in Li .usdoj	dards: transportation ownership/lease expense; Vehicle 2. Complete this ore" Box in Line 28. ine a below, the amount of the IRS Transportation Standards, Ownership Costs gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and on the order and amount less than zero.	s, Second Car (available at		
29		a.	IRS Transportation Standards, Ownership Costs	\$ 478.00		
		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ 0.00		
		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	478.00
	Othe	r Noo	ACCOUNT EVENENCES TOWNS TO A STATE OF THE ST		+	
30	an re	derai,	essary Expenses: taxes. Enter the total average monthly expense that you ac state and local taxes, other than real estate and sales taxes, such as income tax	tually incur for es, self employment taxes, social		
30			xes, and Medicare taxes.  lude real estate or sales taxes.		6	
			essary Expenses: Involuntary deductions for employment. Enter the total		\$	0.00
31	that a	ire req	uired for your employment, such as mandatory retirement contributions, union	average monthly payroll deductions dues, and uniform costs.		
	Do n	o incl	ude discretionary amounts, such as non-mandatory 401(k) contributions.		\$	3,000.00
	Othe	r Nec	essary Expenses: life insurance. Enter average monthly premiums that you	actually pay for term life	Т	
32	insura	ance fo	or yourself. Do not include premiums for insurance on your dependents, form of insurance.	for whole life or for	\$	0.00
	Othe	r Nec	essary Expenses: court-ordered payments   Enter the total monthly amount	that you are required	Φ	0.00
33	to pa	y purs	uant to court order, such as spousal or child support payments. Do not including alloant order, such as spousal or child support payments.	de payments on past due	•	1526 12520
			essary Expenses: education for employment or for a physically or mentall	y challenged child.	\$	0.00
34	Enter that is	the to requi	tal monthly amount that you actually expend for education that is a condition ared for a physically or mentally challenged dependent child for whom no publications.	of employment and for education	\$	0.00



35	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	0.00
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account.  Do not include payments for health insurance listed in Line 39.	6	400.00
37	Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pay for telecommunication services other than your basic home telephone service—such as cell phones, pagers, call waiting, caller id, special long distance, or internet service—to he extent necessary for your health and welfare or that of your dependents.  Do not include any amount previously deducted.	\$	300.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	s	7132

## Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37

	a.	Health Insurance	\$ 0.00	
39	b.	Disability Insurance	\$ 0.00	
	c.	Health Savings Account	\$ 0.00	
			Total: Add lines a, b and c	\$ 0.00
40	an elde unable	ued contributions to the care of household or family me actual monthly expenses that you will continue to pay for rly, chronically ill, or disabled member of your household to pay for such expenses. Do not include payments listed	or the reasonable and necessary care and support of or member of your immediate family who is in Line 34.	\$ 0.00
41	the safe	on against family violence. Enter any average monthly ex y of your family under the Family Violence Prevention and re of these expenses is required to be kept confidential by	d Services Act or other applicable federal law	\$ 0.00
42	You mu	nergy costs. Enter the average monthly amount in excess and utilities, that you actually expend for home energy costst provide your case trustee with documentation demonstrated and necessary.	sts.	\$ 0.00
43	depend You m	ion expenses for dependent children under 18. Enter the incur, not to exceed \$147.92 per child, in providing element children less than 18 years of age.  Ist provide your case trustee with documentation demouble and necessary and not already accounted for in the	entary and secondary education for your	\$ 0.00
44	Additional expense those co	nal food and clothing expenses. Enter the average month is exceed the combined allowances for food and apparel in mbined allowances. (This information is available at www.ust provide your case trustee with documentation demonstrated and necessary.	ally amount by which your food and clothing the IRS National Standards, not to exceed five percent of .usdoi.gov/ust/ or from the clerk of the bankruntey	\$ 0.00
45	contribu	ble contributions. Enter the amount reasonably necessary tions in the form of cash or financial instrument to a charit c. § 170(c)(1)-(2). Do not include any amount in excess of	table organization as defined in	\$ 0.00
46	Total A	dditional Expense Deductions under §707(b). Enter the	1 CI: 20.1 1.45	\$ 



Future payments on secured claims. For each own, list the name of the creditor, identify the property of the property of the payment is the total of all amount following the filing of the bankrupcy case, divide required by the mortgage. If necessary, list addition at the payments on secured claims. If any debt vehicle, or other property necessary for your suppled deduction 1/60th of any amount (the "cure amound default listed in Line 47, in order to maintain the sums in default that must be paid in order to avoing following chart. If necessary, list additional entrifications. HSBC 45  Payments on priority claims. Enter the total amount of the payments on priority claims.	operty securing the d unts contractually du ed by 60. Mortgage d	secured by an i debt, and state to the to each Secu- debts should in- varate page.	interest in prothe Average Nured Creditor clude paymen	operty that you Monthly Paymer in the 60 month	S		
Other payments on secured claims. If any debt vehicle, or other property necessary for your sup deduction 1/60th of any amount (the "cure amou default listed in Line 47, in order to maintain the sums in default that must be paid in order to avo following chart. If necessary, list additional entri  a. HSBC 45  Payments on priority claims. Enter the total am	The Birches,			6,200.00		1	
vehicle, or other property necessary for your sup deduction 1/60th of any amount (the "cure amou default listed in Line 47, in order to maintain the sums in default that must be paid in order to avo following chart. If necessary, list additional entri  a. HSBC 45  Payments on priority claims. Enter the total am		10			Y		
vehicle, or other property necessary for your sup deduction 1/60th of any amount (the "cure amou default listed in Line 47, in order to maintain the sums in default that must be paid in order to avo following chart. If necessary, list additional entri  a. HSBC 45  Payments on priority claims. Enter the total am			otal and enter			\$	6,200.00
Payments on priority claims. Enter the total am	port or the support of int") that you must pe possession of the pro- oid repossession or fo	of your depende you the creditor operty. The cur preclosure. List	our primary rents, you may in addition to amount wo and total any	esidence, a more include in your of the payments uld include any such amounts in	n the		
	The Birches,		tal and enter	650.00 on Line 48		\$	650.00
alimony claims), divided by 60.	nount of all priority c	claimes (includ	ing priority c	hild support and	i	\$	0.00
Chapter 13 administrative expenses. Multiply resulting administrative expense.	the amount in line a	by the amount	in line b, and	l enter the			
Projected average monthly Chapter 1.	3 plan payment.	\$	2,250.00	0			
b. Current multiplier for your district as under schedules issued by the Execu United States Trustees. (This information available at www.usjoj.gov/ust/ or from the bankruptcy court.)	ative Office for ation is	X	10.00	0			
c. Average monthly administrative expenses 13 case	ense of Chapter	Total: Multip	oly Lines a an	id b		\$	225.00
51 Total Deductions For Debt Payment. Enter the	e total of Lines 47 th	rough 50.				\$	7,075.00
Subpart D: Tota	al Deductions	Allowed	under 8	707(b)(2)			
52 Total of all deductions allowed under §707(b)				(-)(-)		\$	14,207.00
Part V. DETERMINATION	OF DISPOS.	ABLE IN	COME	UNDER §	132507	(b)(2	2)
53 Total current monthly income. Enter the amou	ant from Line 20.					\$	17,700.00
54 Support income. Enter the monthly average of payments for a dependent child, included in Line law, to the extent reasonably necessary to be expe	7, that you received	I in accordance	ster care pay with applica	ments, or disal	bility tcy	\$	0.00
Qualified retirement deductions. Enter the month retirement plans, as specified in § 541(b)(7) and (362(b)(19).	ly average of (a) all (b) all repayments of	contributions of loans from ret	r wage deduc	etions made to q s, as specified in	ualified §	\$	0.00
Total of all deductions allowed under § 707(b)	(2). Enter the amoun	nt from Line 52				\$	14,207.00
Deductions for special circumstances. If there speno reasonable alternative, describe the special circumstance enter the total in line 57. You must provide your a detailed explanation of the special circumstance	cumstances and the case trustee with doc	resulting exper	ises below. T	otal the expense	s and		

## Case 8-12-74968-ast Doc 5 Filed 08/14/12 Entered 08/14/12 17:07:32



		\$	0.00
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55,56, and 57 and enter the result.	\$	12,413.97
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	s	2,240.03
	Part VI: ADDITIONAL EXPENSE CLAIMS	Ì	
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your avarage monthly expense for each item. Total the expenses.	6	0.00
		\$	0.00
	Part VII: VERIFICATION		
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case must sign.)  Date:  Date: Debtor  Signature: (John Debtor, if any)	, both de	ebtors